

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



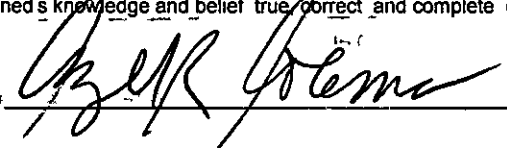
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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| 1 File Number U 9953 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Azel Coleman P O Box Bldg Room No if any CWA Local 1102 Street 1110 South Avenue City Staten Island State New York ZIP Code + 4 10314-3403 | 4 Name file number and address of labor organization Name CWA Local 1102 Labor Organization File Number 055-876 P O Box Building and Room Number if any Street 1110 South Avenue City Staten Island State New York ZIP Code + 4 10314-3403 |
| 5 Position in labor organization Vice President | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

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|--|--|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name Transervice Logistics Inc Trade Name if any P O Box Bldg Room No if any Street 5 Dakota Drive City Lake Success State New York ZIP Code + 4 11042 | 7 a Nature of Interest, Transaction or Income Holiday basket (food) (estimated value) 7 b Amount \$30 |

Signature

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| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | |
| Signed  | On 8-12-05 (718) 420-1102 Date Telephone Number |

| | |
|------------------------------------|---------------|
| Name of Person Filing Azel Coleman | File Number U |
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Part A Continuation Page

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| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Transerve Logistics Inc Trade Name if any P O Box Bldg Room No if any Street 5 Dakota Drive City Lake Success State New York ZIP Code + 4 11042 | 7 a Nature of Interest Transaction or Income Dinner (estimated value) |
| | 7 b Amount <div style="text-align: right;">\$50</div> |

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| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income |
| | 7 b Amount |

| | |
|---|--|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income |
| | 7 b Amount |